

## APPLICATION FOR CERTIFICATION

*For use in requesting initial certification for teaching, administrative, professional non-teaching, vocational, endorsements, and for other certificates.*

### ARIZONA DEPARTMENT OF EDUCATION-CERTIFICATION UNIT

Phoenix Office: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367  
Tucson Office: 400 W. Congress St., #118, Tucson, AZ 85701 Telephone: (520) 628-6326  
[www.ade.az.gov/certification](http://www.ade.az.gov/certification)

### **PLEASE READ THIS INFORMATION AND CAREFULLY COMPLETE THE APPLICATION.**

Remove this instruction and information section before submitting your application. Please note that the Certification Unit will be unable to retain a copy of documents related to this request. If a return of these documents is desired, please enclose with your application a large self-addressed envelope with prepaid postage to cover mailing.

**GENERAL INSTRUCTIONS AND INFORMATION.** All required materials must accompany this application before an evaluation can commence. Necessary materials include:

- A. Completed application with all questions answered and the required signature.
- B. Official transcript(s).
- C. Notarized copy of valid teaching certificates held in other states, if required.
- D. Verification of employment or experience, if required, on letterhead correspondence.
- E. Money order, cashiers check or personal check **ONLY** for the exact amount due. **Please, NO CASH can be accepted.**
- F. Valid Arizona Fingerprint Clearance Card obtained from AZ DPS at 602-223-2279.

**SECTION 1 – PERSONAL INFORMATION.** Type or print in black or blue ink, and record your full legal name. Your Social Security number is used for identification only. Indicate your present mailing address, and please note that the applicant is responsible for notifying the Certification Unit of a change in name, mailing address, E-mail address or telephone number since these are the only means available to contact you if the need arises.

**SECTION 2 – TYPE OF CERTIFICATION AND FEES.** Please note that each request for certificate or endorsement requires a non-refundable fee, then follow these steps: 1) Review the detailed requirements for each certificate being requested at [www.ade.az.gov/certification](http://www.ade.az.gov/certification) 2) Select the type of certificate being requested by marking the appropriate box. 3) Calculate the total cost and remit by personal check or money order the full amount due. Please, no cash can be accepted. Prerequisites for all Arizona teaching, administrative and professional certificates can be viewed and downloaded from the Web site.

**SECTION 3 – EDUCATION, STUDENT TEACHING AND INTERNSHIPS.** List all accredited institutions attended. If necessary, please include an additional sheet. For each institution listed, include an official transcript bearing the seal or stamp of the Registrar. Applicants with degrees conferred outside the United States must have transcripts evaluated and approved by a firm that specializes in evaluating foreign academic transcripts/records. Both the original and translated documents must be submitted with the application. Please see [www.ade.az.gov/certification](http://www.ade.az.gov/certification) to verify requirements.

**SECTION 4 – PROFESSIONAL/TEACHING EXPERIENCE.** In some instances, professional or teaching experience may substitute for another requirement, such as eight semester hours of practicum. If used, “teaching experience” means full-time employment with full responsibility for the planning and presentation of instruction, and the evaluation of student learning. Substitute teaching is not included in this definition. When used to support the application, experience must be verified in writing on official letterhead by the district superintendent, chief executive officer, personnel director or designee. The areas of experience, dates, and grade levels taught (if applicable) also must be included in the letter. For holders of a valid certificate from another state, please submit a notarized copy of the certificate with the application. Please see [www.ade.az.gov/certification](http://www.ade.az.gov/certification) to view specific details related to various certificates.

→ Please indicate if you are applying for a reciprocal certificate.      ☐ Yes, I am applying for reciprocity.

**SECTION 5 – CRIMINAL HISTORY.** All questions must be answered before the application can be processed. Please read each question carefully and understand that a “yes” to a question does not necessarily result in denial of a certificate. However, for each “yes” answer, a complete description of the incident and the outcome must be signed and attached to the application. The veracity of your answers is essential. By State law, false statements, representations or certifications are classified as misdemeanor offenses. For an explanation of any question, contact the Investigative Unit at (602) 542-2972.

**FINGERPRINT CLEARANCE:** To qualify for certification, teachers must possess a valid Fingerprint (FP) Clearance Card issued by Arizona Department of Public Safety (DPS). Application forms for a FP Card are available at DPS or, as a courtesy, at the Certification Unit. However, the applicant must submit the card application direct to DPS. If applying from one of 19 approved states, the rules of reciprocity may allow the applicant to submit proof of an application for a FP Card in lieu of presenting the actual card. If so, the applicant may sign a form attesting to having been fingerprinted for teacher certification in one of the approved states. Please see the Web site for a list of participating states. Please call DPS at (602) 223-2279 for Fingerprint Processing time.

**SECTION 6 – SUBMISSION OF APPLICATION.** Use of the checklist below is highly recommended to verify the completeness of the application. Please understand that an incomplete or incorrect application, of necessity, will prevent the Certification Unit from processing your request. Applications may be submitted by mail or in person at either office between 8:30 and 4:30, Monday through Friday. However, over-the-counter service will need to be limited to the following types of certification applications: Renewal, Substitute, Emergency Substitute, Adult Education, Conversion of Provisional to Standard, Extension, removal of deficiencies, name change, JROTC, duplicate copy, and certificates based upon an institutional recommendation. Other applications will be processed as soon as possible in the order received.

**SECTION 7 – CHECKLIST.** This checklist is provided to assist in preparing a complete application. Please assure all required information and support materials are included. Know also that the Certification Unit will be unable to retain copies of materials submitted with this application. If a return of these documents is desired, please enclose with your application a large self-addressed envelope with prepaid postage to cover mailing. It is recommended that the appropriate blocks be completed below.

I have:

- ☐ Provided all requested information listed on the application to include personal information, education and professional experience.
- ☐ Indicated clearly and accurately those specific services for which I am applying.
- ☐ Calculated the correct total fee and have paid by money order, cashiers check, or personal check. Please, NO CASH.
- ☐ Included official transcripts from all accredited colleges/universities, if applicable.
- ☐ Provided verification of past employment and/or experience, if applicable.
- ☐ Recorded my Social Security number on all attachments to this application.
- ☐ Answered all criminal history questions and included explanations as necessary.
- ☐ Received from DPS a valid Fingerprint Clearance Card, or
- ☐ I have a valid Arizona certificate.
- ☐ Read, understand, signed and dated the statement of affirmation on the last page.

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Last Name

First Name

Social Security Number

## ◆ SECTION 1: PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **GENDER: M / F**  
 (For identification purposes only) (Circle One)

**APPLICANT'S FULL LEGAL NAME:** \_\_\_\_\_  
 Last First Middle

**MAILING ADDRESS:** \_\_\_\_\_  
 (Home) Street Number or P.O. Box

City State Zip Code

**TELEPHONE:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_  
 (Home) (Home)

**ETHNICITY:** **GENDER & ETHNICITY ARE REQUESTED FOR FEDERAL REPORTING PURPOSES ONLY.**

\_\_\_\_ Asian or Pacific Islander \_\_\_\_ Black or African-American (Not Hispanic)  
 \_\_\_\_ Hispanic or Latino \_\_\_\_ American Indian or Alaskan Native  
 \_\_\_\_ White (Non-Hispanic) \_\_\_\_ Other

**COMPLETED TEACHER PREP PROGRAM:** YES NO

**INSTITUTION: Out-of-State / In-State Name:** \_\_\_\_\_  
 (Circle One)

State: \_\_\_\_\_ Country: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

**PLEASE NOTIFY THE CERTIFICATION UNIT OF CHANGES IN HOME MAILING ADDRESS, HOME E-MAIL ADDRESS & HOME TELEPHONE NUMBER.**

## ◆ SECTION 2: CERTIFICATE TYPE AND FEES

**IMPORTANT:** Please **maintain copies** of all your personal and professional records for future use. Please note that **official transcripts will not be returned without a self-addressed, stamped envelope**. When applicable, **more than one evaluation within two years of the initial evaluation will incur an additional \$30.00 fee.**

**TEACHING  
CERTIFICATES:**

**\* SCHOOL  
DISTRICT  
REQUEST  
REQUIRED**

<input type="checkbox"/>	SUBSTITUTE.....	\$30
<input type="checkbox"/>	EMERGENCY SUBSTITUTE*.....	\$60
<input type="checkbox"/>	EMERGENCY TEACHING* - TYPE:.....	\$60
<input type="checkbox"/>	EMERGENCY ENDORSEMENT* - TYPE:.....	\$60
<input type="checkbox"/>	ELEMENTARY (K-8).....	\$60
<input type="checkbox"/>	APPROVED AREA (ELEMENTARY) - AREA:.....	\$60
<input type="checkbox"/>	SECONDARY (7-12)(ONE APPROVED AREA) - AREA:.....	\$60
<input type="checkbox"/>	ADDITIONAL APPROVED AREA (SECONDARY) - AREA:.....	\$60

CONTINUE ON NEXT PAGE

⇒ Please indicate, with a "X," if you will be teaching an academic course in:

\_\_\_\_\_ History      \_\_\_\_\_ Citizenship      \_\_\_\_\_ Government  
 \_\_\_\_\_ Law or Civics      \_\_\_\_\_ Social Studies

**SPECIAL  
EDUCATION (K-12):**

- |                          |                                           |      |
|--------------------------|-------------------------------------------|------|
| <input type="checkbox"/> | CROSS-CATEGORICAL (ED, LD, MR, O/HI)..... | \$60 |
| <input type="checkbox"/> | EARLY CHILDHOOD (BIRTH TO AGE 5) .....    | \$60 |
| <input type="checkbox"/> | EMOTIONAL DISABILITY .....                | \$60 |
| <input type="checkbox"/> | HEARING IMPAIRED .....                    | \$60 |
| <input type="checkbox"/> | LEARNING DISABILITY .....                 | \$60 |
| <input type="checkbox"/> | MENTAL RETARDATION .....                  | \$60 |
| <input type="checkbox"/> | ORTHOPEDIC/HEALTH IMPAIRMENT .....        | \$60 |
| <input type="checkbox"/> | SEVERELY AND PROFOUNDLY DISABLED .....    | \$60 |
| <input type="checkbox"/> | SPEECH AND LANGUAGE IMPAIRED .....        | \$60 |
| <input type="checkbox"/> | VISUALLY IMPAIRED .....                   | \$60 |

**ARE YOU APPLYING FOR THE ABOVE ELEMENTARY, SECONDARY OR SPECIAL EDUCATION CERTIFICATES UNDER THE RULES OF RECIPROCITY?**      ☐ YES    ☐ NO

*(Please include a notarized copy of the valid out-of-state certificate.)*

**VOCATIONAL  
CERTIFICATES  
(K-12):**

- |                          |                                    |      |
|--------------------------|------------------------------------|------|
| <input type="checkbox"/> | AGRICULTURE .....                  | \$60 |
| <input type="checkbox"/> | BUSINESS AND MARKETING .....       | \$60 |
| <input type="checkbox"/> | FAMILY AND CONSUMER SCIENCES ..... | \$60 |
| <input type="checkbox"/> | HEALTH OCCUPATIONS .....           | \$60 |
| <input type="checkbox"/> | INDUSTRIAL TECHNOLOGY .....        | \$60 |

**ADMINISTRATIVE  
CERTIFICATES  
(PRE K – 12):**

- |                          |                                                                       |      |
|--------------------------|-----------------------------------------------------------------------|------|
| <input type="checkbox"/> | PRINCIPAL .....                                                       | \$60 |
| <input type="checkbox"/> | SUPERINTENDENT .....                                                  | \$60 |
| <input type="checkbox"/> | SUPERVISOR (MUST HOLD A VALID AZ STANDARD TEACHING CERTIFICATE) ..... | \$60 |

**PROFESSIONAL  
NON-TEACHING  
CERTIFICATES:**

- |                          |                                      |      |
|--------------------------|--------------------------------------|------|
| <input type="checkbox"/> | GUIDANCE COUNSELOR (PRE K-12).....   | \$60 |
| <input type="checkbox"/> | SCHOOL PSYCHOLOGIST (PRE K-12) ..... | \$60 |

**OTHER  
CERTIFICATES:**

- |                          |                                             |      |
|--------------------------|---------------------------------------------|------|
| <input type="checkbox"/> | ADULT EDUCATION .....                       | \$60 |
| <input type="checkbox"/> | ATHLETIC COACHING .....                     | \$60 |
| <input type="checkbox"/> | JUNIOR RESERVE OFFICER TRAINING CORPS ..... | \$30 |
| <input type="checkbox"/> | TEACHER INTERN .....                        | \$60 |

**ENDORSEMENTS:  
(A VALID AZ  
TEACHING  
CERTIFICATE IS  
REQUIRED.  
ENDORSEMENTS ARE  
K-12, UNLESS  
INDICATED  
OTHERWISE.)**

- |                          |                                                               |      |
|--------------------------|---------------------------------------------------------------|------|
| <input type="checkbox"/> | ART .....                                                     | \$60 |
| <input type="checkbox"/> | PROVISIONAL BILINGUAL - LANGUAGE:.....                        | \$60 |
| <input type="checkbox"/> | FULL BILINGUAL - LANGUAGE:.....                               | \$60 |
| <input type="checkbox"/> | COMPUTER SCIENCE .....                                        | \$60 |
| <input type="checkbox"/> | COOPERATIVE EDUCATION (VOCATIONAL CERTIFICATE REQUIRED) ..... | \$30 |
| <input type="checkbox"/> | DANCE .....                                                   | \$60 |
| <input type="checkbox"/> | DRAMATIC ARTS .....                                           | \$60 |
| <input type="checkbox"/> | DRIVER'S EDUCATION .....                                      | \$60 |
| <input type="checkbox"/> | ELEMENTARY FOREIGN LANGUAGE - LANGUAGE:.....                  | \$60 |
| <input type="checkbox"/> | PROVISIONAL ENGLISH AS A SECOND LANGUAGE .....                | \$60 |

**ENDORSEMENTS:**  
(CONTINUED)

<input type="checkbox"/>	FULL ENGLISH AS A SECOND LANGUAGE .....	\$60
<input type="checkbox"/>	PROVISIONAL GIFTED .....	\$60
<input type="checkbox"/>	FULL GIFTED .....	\$60
<input type="checkbox"/>	LIBRARY MEDIA SPECIALIST .....	\$60
<input type="checkbox"/>	MATHEMATICS SPECIALIST (ELEMENTARY OR SPECIAL ED. CERTIFICATE REQUIRED).....	\$60
<input type="checkbox"/>	MIDDLE GRADE (5-9) .....	\$60
<input type="checkbox"/>	MUSIC .....	\$60
<input type="checkbox"/>	PHYSICAL EDUCATION .....	\$60
<input type="checkbox"/>	READING SPECIALIST .....	\$60

♦ **SECTION 3: EDUCATION, STUDENT TEACHING/INTERNSHIPS**

LIST ALL APPLICABLE ACCREDITED ACADEMIC INSTITUTIONS ATTENDED. OFFICIAL TRANSCRIPTS BEARING THE ORIGINAL SEAL OR STAMP OF THE REGISTRAR ARE REQUIRED FROM EACH INSTITUTION LISTED. USE ADDITIONAL SHEET IF NEEDED.

	COLLEGE OR UNIVERSITY ATTENDED:	LOCATION (CITY, STATE):	DATES ATTENDED:	DEGREE(S) EARNED:	MAJOR OR AREA OF SPECIALIZATION:
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____

HAVE YOU COMPLETED ANY STUDENT TEACHING, PRACTICUMS OR INTERNSHIPS? ☐ YES ☐ NO

IF "YES," CIRCLE THE GRADE-LEVELS: K 1 2 3 4 5 6 7 8 9 10 11 12

- SUBJECT AREA(S): \_\_\_\_\_ - DATES: \_\_\_\_\_

♦ **SECTION 4: PROFESSIONAL/TEACHING EXPERIENCE**

TO OBTAIN A WAIVER OF STUDENT TEACHING, YOU MUST SUBMIT VERIFICATION OF TWO YEARS OF FULL TEACHING EXPERIENCE ON OFFICIAL LETTERHEAD.

- I HAVE INCLUDED WITH THIS APPLICATION VERIFICATION OF EXPERIENCE: ☐ YES ☐ NO

♦ **SECTION 5: CRIMINAL HISTORY**

**EVERY QUESTION MUST BE ANSWERED.**

- HAVE YOU BEEN ISSUED A VALID FINGERPRINT CLEARANCE CARD BY THE ARIZONA DEPARTMENT OF PUBLIC SAFETY? (IF THE ANSWER TO THIS QUESTION IS "YES," PLEASE SKIP TO QUESTION 3 AND CONTINUE.) ☐ YES ☐ NO
- IF YOU HAVE **NOT** BEEN ISSUED A FINGERPRINT CLEARANCE CARD, HAVE YOU MADE AN APPLICATION WITH THE DEPARTMENT OF PUBLIC SAFETY AND IS PROOF OF YOUR APPLICATION ATTACHED? ☐ YES ☐ NO
- HAVE YOU EVER HAD ANY PROFESSIONAL CERTIFICATE OR LICENSE, REVOKED OR SUSPENDED? ☐ YES ☐ NO

CONTINUE ON NEXT PAGE

4. HAVE YOU EVER RECEIVED A REPRIMAND OR OTHER DISCIPLINARY ACTION INVOLVING ANY PROFESSIONAL CERTIFICATION OR LICENSE? ☐ YES ☐ NO
5. HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OFFENSE? ☐ YES ☐ NO
6. HAVE YOU EVER BEEN ARRESTED FOR ANY OFFENSE FOR WHICH YOU WERE FINGERPRINTED? ☐ YES ☐ NO
7. HAVE YOU EVER BEEN ARRESTED FOR ANY OF THE FOLLOWING OFFENSES IN THIS STATE OR SIMILAR OFFENSES IN ANOTHER JURISDICTION?
- |                                                                                                                                                                                                            |              |                                                                                                           |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------|--------------|
| a. Second-degree murder                                                                                                                                                                                    | YES___ NO___ | n. Continuous sexual abuse of a child                                                                     | YES___ NO___ |
| b. Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age | YES___ NO___ | o. Attempted first-degree murder                                                                          | YES___ NO___ |
| c. Sexual assault                                                                                                                                                                                          | YES___ NO___ | p. Any other dangerous crime against children as defined in section 13-604.01                             | YES___ NO___ |
| d. Molestation of a child                                                                                                                                                                                  | YES___ NO___ | q. Any of the above listed offenses if committed as a preparatory offense as described in section 13-1001 | YES___ NO___ |
| e. Sexual conduct with a minor                                                                                                                                                                             | YES___ NO___ | r. Any offense causing you to register as a sex offender                                                  | YES___ NO___ |
| f. Commercial sexual exploitation of a minor                                                                                                                                                               | YES___ NO___ | s. First-degree murder                                                                                    | YES___ NO___ |
| g. Sexual exploitation of a minor                                                                                                                                                                          | YES___ NO___ | t. Armed Robbery                                                                                          | YES___ NO___ |
| h. Child abuse                                                                                                                                                                                             | YES___ NO___ | u. Incest                                                                                                 | YES___ NO___ |
| i. Kidnapping                                                                                                                                                                                              | YES___ NO___ | v. Exploitation of minors involving drug offenses                                                         | YES___ NO___ |
| j. Sexual abuse of a minor                                                                                                                                                                                 | YES___ NO___ | w. Sexual abuse of a vulnerable adult                                                                     | YES___ NO___ |
| k. Taking a child for the purpose of prostitution as prescribed in section 13-3206                                                                                                                         | YES___ NO___ | x. Sexual exploitation of a vulnerable adult                                                              | YES___ NO___ |
| l. Child prostitution as prescribed in section 13-3212                                                                                                                                                     | YES___ NO___ | y. Commercial sexual exploitation of a vulnerable adult                                                   | YES___ NO___ |
| m. Involving or using minors in drug offenses                                                                                                                                                              | YES___ NO___ | z. Abuse of a vulnerable adult                                                                            | YES___ NO___ |
|                                                                                                                                                                                                            |              | aa. Molestation of a vulnerable adult                                                                     | YES___ NO___ |
|                                                                                                                                                                                                            |              | bb. Neglect of a vulnerable adult                                                                         | YES___ NO___ |

**ATTN:** IF “YES” IS INDICATED FOR ANY QUESTION, 3 THROUGH 7, PLEASE ATTACH A FULL EXPLANATION TO THIS APPLICATION.

I UNDERSTAND THAT PURSUANT TO ARS § 15-534, ANY PERSON WHO MAKES A FALSE STATEMENT, REPRESENTATION OR CERTIFICATION IN ANY APPLICATION FOR CERTIFICATION IS GUILTY OF A MISDEMEANOR OFFENSE. I SWEAR OR AFFIRM THAT THE FOREGOING INFORMATION COMPLETED BY ME, OR SUBMITTED BY ME FOR CERTIFICATION PURPOSES IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT. FURTHERMORE, SHOULD ANY PART OR ALL OF THE INFORMATION HEREIN PROVIDED PROVE TO BE FALSE, I RECOGNIZE THAT IT SHALL BE JUST CAUSE FOR REVOCATION, SUSPENSION, OR OTHER DISCIPLINARY ACTION AGAINST ANY CERTIFICATE ISSUED TO ME BY THE ARIZONA DEPARTMENT OF EDUCATION. **FURTHER, I UNDERSTAND THAT IT IS MY PERSONAL RESPONSIBILITY TO MAINTAIN COPIES OF DOCUMENTS RELATED TO THIS REQUEST AND THAT THE CERTIFICATION UNIT WILL BE UNABLE TO PROVIDE THAT SERVICE FOR ME.**

APPLICANT’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_